

# **PERMISSION SLIPS AND PAYMENT DUE BY JANUARY 28, 2026 NO EXCEPTIONS!**

## **SOMERSET ACADEMY, INC. FIELD TRIP PERMISSION FORM AND RELEASE**

Your student is scheduled to participate in an activity/event with Somerset Academy, Inc. d/b/a Somerset Academy Bethany ("Somerset"). Read this form completely and carefully. This form acknowledges your choice for your student to participate in the Activity. You and your child agree to comply with all requirements, instructions, orders, directives and guidelines of Somerset while participating in the Activity. I understand and agree that unless granted a waiver for early dismissal, that my child will travel to/from Activity with Somerset. If I have been granted a waiver, it is attached as Exhibit A. Activities such as field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as extensions to the learning taking place in the classroom. This form must be completed and signed by the student's parent/guardian in order for the student to participate in the "Activity", described below:

Activity/Destination: Environmental Learning Center Planned by: Meyer Grade: 2<sup>nd</sup> Grade

Departure Date/Time: February 5, 2026 at 8:45am Return Date/Time: February 5, 2026 at 1:45pm

Location/Address: 255 Live Oak Drive Vero Beach, FL 32963 Method of Transportation: Bus

Purpose/Nature of the Activity: hands-on learning about local ecosystems and the natural environment.

The Activity will be Chaperoned by: Admin. teachers, chaperones, bus drivers There will be 8 Chaperones Activity Fee: \$10.00

**ONLINE PAYMENT ONLY**

I understand that my child may not participate in the Activity without paying the Activity Fee in full. I understand that Activity Fees are non-refundable for any reason, including illness, absence or loss of privileges. If I am unable to pay the Activity Fee, where appropriate and to the extent available, my child may have an opportunity to participate in a fund-raising activity or may be directed to other fund sources for assistance. Please note, this is not available for any Activity unrelated to classroom instruction (i.e. grad-night, athletic contests, banquets, etc.)

### **EMERGENCY CONTACT INFORMATION -MUST BE FILLED OUT COMPLETELY**

1. Name of Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_
2. In case Parent/Guardian cannot be reached, please contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_
3. Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_
4. Insurance policy covering my child: \_\_\_\_\_ Policy #: \_\_\_\_\_
5. List any medical condition (if applicable): \_\_\_\_\_  
List any allergies (if applicable): \_\_\_\_\_

My child takes the following medication regularly (documentation on file with school): \_\_\_\_\_

### **I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF ACCIDENT OR ILLNESS ON TRIP.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITY RELEASE:** BY SIGNING THIS FORM, I ACKNOWLEDGE AND FULLY UNDERSTAND, THERE ARE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, EXPOSURE TO COVID-19, ILLNESS, INJURY OR LOSS OF LIFE. DESPITE THE POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH THE ACTIVITY, I WISH TO PROCEED AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE. I FREELY ACCEPT AND ASSUME ALL RISKS AND HAZARDS THAT MAY ARISE FROM MY CHILD'S PARTICIPATION IN THE ACTIVITY AND WHICH COULD RESULT IN LOSS, PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE, (COLLECTIVELY, AN "ACTIVITY-RELATED INJURY"), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, AS DEFINED BELOW, OR OTHERWISE.

I, FOR MYSELF, MY ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS, AND FOR MY CHILD, MY CHILD'S ESTATE, HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS (COLLECTIVELY, "RELEASEORS") HEREBY RELEASE AND HOLD HARMLESS SOMERSET, ITS GOVERNING ENTITY, OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, CONTRACTORS, SERVICE PROVIDERS, AGENTS AND ASSIGNS (COLLECTIVELY, "RELEASEES") FROM ANY AND ALL LIABILITY AND RESPONSIBILITY WHATSOEVER, HOWEVER CAUSED, FOR ANY AND ALL DAMAGES, CLAIMS, OR CAUSES OF ACTION THAT RELEASEORS MAY HAVE ARISING OUT OF, CONNECTED WITH, OR IN ANY MANNER PERTAINING TO AN ACTIVITY-RELATED INJURY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, AND AGREE AND COVENANT NOT TO SUE RELEASEES AND TO HOLD EACH HARMLESS FROM ANY SUCH CLAIMS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY JUDGMENT, SETTLEMENT, LOSS, LIABILITY, DAMAGE, COSTS OR EXPENSES, INCLUDING COURT COSTS AND ATTORNEY FEES AT BOTH THE TRIAL AND APPELLATE LEVELS, THAT MAY BE INCURRED, OR ARISING OUT OF OR IN ANY WAY RELATED TO AN ACTIVITY-RELATED INJURY, OR IN ANY WAY RELATED TO THE ACTIVITY OR MY/MY CHILD'S PARTICIPATION THEREIN, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

**I HAVE READ THIS FORM. I UNDERSTAND ITS TERMS ARE CONTRACTUAL AND NOT A MERE RECITAL. I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. THROUGH MY OWN FREE ACT, I VOLUNTARILY AGREE TO BE BOUND BY IT. I UNDERSTAND I HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND SOMERSET HAS THE RIGHT TO REFUSE TO ALLOW STUDENT TO PARTICIPATE IF I DO NOT SIGN THIS FORM.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Will your student be needing school lunch: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Students MUST have field trip shirt**

### **INDEMNIFICATION AND HOLD HARMLESS**

I agree (and on behalf of my child agree), to hold harmless, and forever release and discharge the Environmental Learning Center, Inc. (the "ELC"), and its members, contributors, directors, trustees, officers, employees, agents, successors and assigns, from and against any and all claims or liabilities for any injuries or illness whatsoever, including without limitation, injuries to my person and/or property, physical illness, emotional distress, disability, exposure to infectious organisms and disease, and delays in the ability to access emergency medical treatment, arising out of or incident to any participation by me or my child and brought by or on behalf of me, my child, a family member, my estate, another participant or spectator, or any other person arising from or relating to my (or my child's) participation in any of the ELC activities, including use of the Indian River Lagoon or other body of water, the ELC property, and/or facilities. This release is for any type of claim and includes losses alleged to be caused by the negligence of the ELC to the fullest extent permitted by law. I understand that the activities in which I (or my child) will engage at or near the ELC involve inherent and other risks. I acknowledge that I am solely responsible for determining my (or my child's) suitability to participate in the activities. I have (or my child has) the requisite skills, qualifications, physical and mental ability, and training necessary to properly and safely participate in the activities. I (or my child) share(s) responsibility for my (his/her) safety and will follow instructions, make reasonable decisions, and act responsibly. The ELC cannot eliminate all of the risks of the activities. I choose to voluntarily participate (or allow my child to participate) and observe the activities despite all risks. I assume all inherent and other risks and accept responsibility for any property damage and loss, and for any personal injury, illness, disability, and emotional distress that I (or my child) may suffer. I have read this Agreement, I understand its contents and I sign it voluntarily. I understand that this Agreement has no expiration date and remains in effect at all times that I am (or my child is) observing or participating in the activities and will be binding on me, my family members, my heirs, assigns, executors, representatives, and estate.

My signature below certifies that either 1) I (or my child) can swim, or 2) if I (or my child) cannot swim, that I (or my child) agree to ask for and wear a life vest (personal flotation device) that the ELC will provide whenever I am (or my child is) in or on the water. Any children accompanying me are also bound by this form and their names are listed below. I understand the ELC is not responsible for any of my personal possessions that get wet.

The ELC may take and use photographs, video, film and other images of me (or my child) participating in or observing the activities. I waive any right of privacy, publicity, compensation, copyright or other rights to those images and I consent to the ELC using those images for any purpose. I agree that the substantive laws of Florida (but not any law that would apply the laws of another state) govern this Agreement and any dispute I have (or my child has) with the ELC and consent to jurisdiction in Indian River County, Florida. Any portion of this Agreement deemed unlawful or unenforceable is severable and shall be stricken without effect on the enforceability of the remaining provisions.

**NOTE: ELC MAY USE THE CONTACT INFORMATION PROVIDED BELOW FOR MARKETING PURPOSES. IF YOU DO NOT WISH TO BE CONTACTED, CHECK HERE**

Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18 years of age): I hereby warrant that I have legal authority to act on my child's behalf. I agree to the above terms and conditions for myself and on behalf of my child. If I am signing for a participant that is not my child, I agree to indemnify the ELC as provided in the indemnity provision above for any and all claims brought by or on behalf of the child for whom I sign or for any claim brought by any other person related to the child's participation in or observation of the activities.

**The ELC Does Not Provide Onsite Medical Services.**

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) & Ages of Children accompanying me

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

